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Bib Data Sheet

CONFIRMATION NO. 9646

SERIAL NUMBER 10/067,843	FILING DATE 02/08/2002 RULE	CLASS 705	GROUP ART UNIT 3628	ATTORNEY DOCKET NO. 2002_0211A
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/02/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 118 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <u>[Signature]</u> Initials: <u>MM</u>	JAPAN	21	9	3

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TITLE

Medical information system

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